MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	AS F	DEP.	I*AME	PER NDMENT DEP.	IND.	TER NDMENT DEP.		51 52 53 54 55 56 57	AS F	DEP.	AF I*AME IND.	TER NDMENT DEP.	AF 2 MAME IND.	TER ENDME DI
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	IND.		IND.	DEP.		DEP.		52 53 54 55 56	IND.	DEP.				_
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	1							52 53 54 55 56					AND.	
4 5 6 7 8 9 10 11 12 13 14 15 16	1							53 54 55 56						
5 6 7 8 9 10 11 12 13 14 15 16	1							54 55 56			· ·			
6 7 8 9 10 11 12 13 14 15 16	1							<u>55</u> 56 .						
7 8 9 10 11 12 13 14 15 16	1							<u>56</u>						├
9 10 11 12 13 14 15 16	1	(2)					ŀ	. 57						
10 11 12 13 14 15 16	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	**						58						
11 12 13 14 15 16	4						ı	58 59						
12 13 14 15 16	1	4					į	60						
13 14 15 16 17		4						61						
15 16 17		7					ļ	62						
16 17		, –					ŀ	63						
17							f	65						
	,	 						66						<u> </u>
1 <u>0</u> I							1	67						
19							 	68 69						
20							· }	70						
21								71						
23								72						<u> </u>
24							-	73						
25							-	74 75				\Box		
26							r	76						
27								77						
9	\dashv							78						
0							-	79 80		$-\!$				
1		$-\mathbf{I}$					T	81				 -		
3		 -						82					-	
4	_						 	83	$ \Box$					
5							-	84 85				\Box		
6	$ \top$						-	86		<u> </u> -				
7				-			8	87				-	-	
9					·			88						
0							-	89 90	-	[_	\perp			
1							F	91						
2 3								92						
4	-+							93						
5.						-	-	94 95						
6					+	$\overline{}$	<u> </u>	96					-	
7	_							97						
-				<u> </u> -				98						
Ó				 -			-	99		-I				
.IND.		4	3	4		1		100 TAL IND.		1		-		_
DEP.			1		J			TAL DEP		· -		4		4
al Ms			5				1	TOTAL		. DEPARTME				